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CONFIRMATION NO. 3653

<b>SERIAL NUMBER</b> 10/046,658	<b>FILING OR 371(c) DATE</b> 01/14/2002 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> BSI-495US1
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/270,949 03/17/1999 PAT 6,520,983 which is a CIP of 09/052,214 03/31/1998 PAT 6,264,689

yes, VB

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

02/14/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 39	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>VB</u> Initials				

**ADDRESS**

23122

**TITLE**

Stent delivery system

<b>FILING FEE RECEIVED</b> 1192	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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